

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90009 037 ****61.25

DOCUMENT # N18375 1. Entity Name RETIRED EASTERN PILOTS ASSOCIATION, INC.					
Principal Place of Business 9547 MARINER'S COVE LANE FORT MYERS, FL 33919			Mailing Address 9547 MARINER'S COVE LANE FORT MYERS, FL 33919 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02222008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2748333	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NELLIS, RICHARD B. 9547 MARINERS COVE LANE FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>RICHARD B. NELLIS</u> <u>R.B. Nellis</u> <u>2/25/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCORT, ROSS H 12557 SE 91ST TERRACE RD FAIRHOPE, AL 36532	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDER, J. B 1821 HOLMES DR. SW CONYERS, GA 30094	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIDAY, J L 100 LAKE AIRES NORWOOD, LA 70761	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEEL, D. R 2816 HWY 36 WEST JACKSON, GA 30233	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REED, A. D 3727 HIGHGREEN DR. FORT MYERS, FL 33919	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DESKIN, G. A 2422 EMERALD DRIVE JONESBORO, GA 302365228	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D McCort, R. H 12557 SE 91ST TERRACE RD SUMMERFIELD, FL 34941	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D GORDON, D. A. 4515 THREE CHIMNEYS LANE CUMMING, GA 30041	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F/D FROST, G. V. 5990 SEQUOIA LANE DOUGLASVILLE	☐ Change ☒ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>R.B. Nellis</u> <u>RICHARD B. NELLIS</u> <u>2/25/08 (237) 454-7142</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					